

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-395	Invalid AA8b/SUB_REQ: If AA8b=1,2,3,4,5,7,or 8, then SUB_REQ must be 3. PPS assessments cannot be performed on a non-certified unit.	<p>Cause:</p> <ul style="list-style-type: none"> *The assessment submitted is encoded in AA8b as a 1,2,3,4,5,7, or 8. This reason for assessment is only used for PPS assessments. <p>Definition:</p> <ul style="list-style-type: none"> *The Facility cannot release resident information without appropriate authority. There must be federal and/or State authority in order for a facility to submit MDS information to the standard MDS system. The key to what authority exists is based on certified versus non-certified units. <p>Tip:</p> <ul style="list-style-type: none"> *PPS assessments are not performed on a non-certified unit. *For detailed information re: SUB_REQ values, refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records and Use of the SUB_REQ Field. <p>Action:</p> <ul style="list-style-type: none"> *Check to make sure you have entered the reason for assessment, AA8b correctly. *If AA8b is to be 1,2,3,4,5,7, or 8, then the SUB_REQ must be a 3 for this assessment. *If AA8b is not 1,2,3,4,5,7, or 8 then refer to the manual entitled Provider Instructions Regarding Authority to Submit MDS Records and Use of the SUB_REQ Field for the correct SUB_REQ value.

Table 1-4. Fatal Record Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-396	Invalid SUB_REQ: The SUB_REQ in the modification/inactivation record submitted does not match the SUB_REQ of the prior record. Correction of SUB_REQ requires a manual request to your state.	<p>Cause:</p> <ul style="list-style-type: none"> *The SUB_REQ submitted in the modification/inactivation record does not exactly match the SUB_REQ that was in the original record. <p>Definition:</p> <ul style="list-style-type: none"> *The value of SUB_REQ on a modification or inactivation record must exactly match the value for the prior record to be corrected. A modification or inactivation request submitted to the State that changes the SUB_REQ will be rejected. <p>Tip:</p> <ul style="list-style-type: none"> *Example: IF the SUB_REQ in the original record that was accepted in the State database is equal to 3 then the submitted modification/inactivation of this record must have a SUB_REQ=3. *For detailed information re: SUB_REQ values, refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records and Use of the SUB_REQ Field manual. <p>Action:</p> <ul style="list-style-type: none"> *Verify that the SUB_REQ value on the modification/inactivation record matches the original record in the database. *Make appropriate corrections to the record and resubmit *If the SUB_REQ value is incorrect on a record already accepted into the State MDS database, you must make a written request to the State help desk. *Refer to the LTC Resident Assessment Instrument, Version 2.0, Provider Instructions Regarding Authority To Submit MDS Records and Use of the SUB_REQ Field manual.

Table 1-4. Fatal Record Messages (cont'd)

The following errors are considered *warning errors* and will be displayed on the Final Validation Report. Warning errors encompass consistency, valid value, and range errors.

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-3	Software vendor information updated: Submitted software vendor tax ID number was not found in the State database. Vendor information has been added to the database. Verify the vendor tax ID number.	Cause: * The software vendor in the header record of this submission file does not match with any vendor entered in the State database. Action: * The software vendor information has been added to the State database. * If this is a new vendor, no action is needed. If this is not a new vendor, contact your State Coordinator to check the Vendor tax ID number.

Table 1-5. Warning Messages

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-14	Inconsistent facility Medicare number: The facility Medicare number submitted in the header record does not match the facility Medicare number in the State database.	<p>Cause:</p> <ul style="list-style-type: none"> * The facility Medicare number in the header record of this submission file does not match the facility Medicare number in the State database. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p>Tip:</p> <ul style="list-style-type: none"> * The number must be left justified and contain no embedded dashes or spaces. * With most encoding software, the facility Medicare number is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your State to find the correct facility Medicare number. * Change the facility Medicare number in the facility software to match the State database, or contact your State Coordinator to have the facility Medicare number in the State database changed to match the facility software. * Contact your software vendor for assistance with changing header record data.
-15	Inconsistent facility Medicaid number: The facility Medicaid number submitted in the header record does not match the facility Medicaid number in the State database.	<p>Cause:</p> <ul style="list-style-type: none"> * The facility Medicaid number in the header record of this submission file does not match the facility Medicaid number in the State database. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p>Tip:</p> <ul style="list-style-type: none"> * The number must be left justified and contain no embedded dashes or spaces. * With most encoding software, the facility Medicaid number is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your State to find the correct facility Medicaid number. * Change the facility Medicaid number in the facility software to match the State database, or contact your State Coordinator to have the facility Medicaid number in the State database changed to match the facility software. * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-16	Inconsistent facility telephone number: The facility telephone number submitted in the header record does not match the facility telephone number in the State database.	<p>Cause:</p> <ul style="list-style-type: none"> * The facility telephone number in the header record of this submission file does not match the facility telephone number in the State database. <p>Definition:</p> <ul style="list-style-type: none"> * Facility telephone number is the number used to reach the facility contact person. It is not the computer modem number. * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. * Contact person: This is the person at the facility to call if there is a question about a submission. It could be the MDS coordinator, data entry person, or someone else designated by the facility. <p>Tip:</p> <ul style="list-style-type: none"> * The number must be left justified and contain no embedded dashes or spaces. * With most encoding software, the facility telephone number is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Change the facility telephone number in the facility software to match the State database, or contact your State Coordinator to have the facility telephone number in the State database changed to match the facility software. * Contact your software vendor for assistance with changing header record data.
-17	File creation date missing: There was no file creation date submitted in the header record. Contact your software vendor.	<p>Cause:</p> <ul style="list-style-type: none"> * The header record of this submission file does not contain the file creation date. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. * File creation date: This is the date the file was created. It is the date on the computer that created the file. <p>Tip:</p> <ul style="list-style-type: none"> * With most encoding software, the file creation date is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-20	Facility address missing: The facility address was missing from the header record. Update the facility information in your MDS encoding software.	<p>Cause:</p> <ul style="list-style-type: none"> * The header record of this submission file does not contain the facility's address. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p>Tip:</p> <ul style="list-style-type: none"> * With most encoding software, the facility address is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance with changing header record data.
-21	Facility city missing: The facility city was missing from the header record. Update the facility information in your MDS encoding software.	<p>Cause:</p> <ul style="list-style-type: none"> * The header record of this submission file does not contain the facility's city. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p>Tip:</p> <ul style="list-style-type: none"> * With most encoding software, the facility city is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance with changing header record data.
-22	Facility state missing: The facility state was missing from the header record. Update the facility information in your MDS encoding software.	<p>Cause:</p> <ul style="list-style-type: none"> * The header record of this submission file does not contain the facility's state. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p>Tip:</p> <ul style="list-style-type: none"> * With most encoding software, the facility state is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-23	Facility zip code missing: The facility zip code was missing from the header record. Update the facility information in your MDS encoding software.	<p>Cause:</p> <ul style="list-style-type: none"> * The header record of this submission file does not contain the facility's zip code. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. <p>Tip:</p> <ul style="list-style-type: none"> * With most encoding software, the facility zip code is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance with changing header record data.
-24	Facility contact person missing: The facility contact person was missing from the header record. Update the facility information in your MDS encoding software.	<p>Cause:</p> <ul style="list-style-type: none"> * The header record of this submission file does not contain the facility's contact person. <p>Definition:</p> <ul style="list-style-type: none"> * Header record: The header record contains basic identifying information for the facility, as well as, contact persons and telephone numbers to use in the event that the file is in error. It is the first line of data in the submission file. * Contact Person: This is the person at the facility to call if there is a question about a submission. It could be the MDS coordinator, data entry person, or someone else designated by the facility. <p>Tip:</p> <ul style="list-style-type: none"> * With most encoding software, the facility contact person is inserted in the header record by the software when a file is created. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance with changing header record data.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-65	Inconsistent AB1 date: The submitted date in AB1 is not consistent with the AB1 date previously submitted.	<p>Cause:</p> <ul style="list-style-type: none"> * When submitted optionally on any non-admission record, AB1 (date of entry) must be the same as the AB1 submitted on the admission assessment for the same stay. <p>Definition:</p> <ul style="list-style-type: none"> * Stay: This is the period of time a resident is at a facility from the day of admission to the day of discharge where return is not anticipated. A discharge coded AA8a = 06 ends a stay. A discharge coded AA8a = 08 ends a stay if the facility does not expect the resident to return. With either of these discharges the facility must complete a new admission assessment (AA8a = 01). In these cases, the resident must have a new AB1 (date of entry) if they return to the facility. * Face sheet items (Sections AB and AC) follow the "all or none" rule. * "All or none" rule pertains to face sheet Sections AB and AC as follows: <ul style="list-style-type: none"> * IF AA8a = 01, all items AB1 through AC1y must be completed with valid values. * IF AA8a = 08, AB1 and AB2 must be completed. Items AB3 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. * IF AA8a = any value other than 01 or 08, items AB1 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. <p>Action:</p> <ul style="list-style-type: none"> * Correct using the MDS Correction policy. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications to determine valid values.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-66	Inconsistent AB2 value: The submitted value in AB2 is not consistent with the AB2 value previously submitted.	<p>Cause:</p> <ul style="list-style-type: none"> * When submitted optionally on any non-admission record, AB2 (admitted from) must be the same as the AB2 submitted on the admission assessment for the same stay. <p>Definition:</p> <ul style="list-style-type: none"> * Stay: This is the period of time a resident is at a facility from the day of admission to the day of discharge where return is not anticipated. A discharge coded AA8a = 06 ends a stay. A discharge coded AA8a = 08 ends a stay if the facility does not expect the resident to return. With either of these discharges the facility must complete a new admission assessment (AA8a = 01). The resident must have a new AB2 (admitted from) value if they return to the facility at a later date. * Face sheet items (Sections AB and AC) follow the "all or none" rule. * "All or none" rule pertains to face sheet Sections AB and AC as follows: * IF AA8a = 01, all items AB1 through AC1y must be completed with valid values. * IF AA8a = 08, AB1 and AB2 must be completed. Items AB3 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. * IF AA8a = any value other than 01 or 08, items AB1 through AC1y are optional. However, if any of those items are submitted optionally, then all items must be completed with valid values. <p>Action:</p> <ul style="list-style-type: none"> * Correct using the MDS Correction policy. * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications to determine valid values.
-70	Assessment completed late: The submitted R2b date was > 92 days after the R2b date submitted previously.	<p>Cause:</p> <ul style="list-style-type: none"> * The completed assessment was not completed with CMS timing guidelines. * There should be no more than 92 days from R2b to R2b date (date the RN signed the assessment as being complete) for any two assessments. <p>Tip:</p> <ul style="list-style-type: none"> * Medicare PPS only (OM) assessments are not counted for the timing requirements. OM record types are not considered for timing edits. * Timing Edits are not done on records with a SUB_REQ=2. * For records where SUB_REQ=3 the previous record for timing must have a SUB_REQ=3 or 0 (zero). Timing edits will not be done between any two records where the SUB_REQ is not the same as 0 (zero). <p>Action:</p> <ul style="list-style-type: none"> * No action is required for this submission. * To avoid this in the future, review the assessment schedule and verify that all assessments are completed in a timely manner.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-71	Inconsistent record sequence: The submitted reason for assessment (AA8a/AA8b) does not logically follow the reason for assessment (AA8a/AA8b) previously submitted.	<p>Cause:</p> <ul style="list-style-type: none"> * The record submitted does not satisfy the sequence guidelines. * Facility may have missed submitting the record. * The resident's identifying information may not have matched on a previous record submitted and a new row on the resident table may have been created on the CMS MDS system at the State for that record causing a failure in the sequencing order. <p>Definition:</p> <ul style="list-style-type: none"> * Row on the resident table: Each person with data in the database has a row on the resident table in the CMS MDS system at the State. This row contains the person's identifying information and is used to link subsequent records for that person as they are submitted. If the data submitted for a resident does not match a row, a new row is created, thereby making a new person in the database that the record was linked to. <p>Example:</p> <ul style="list-style-type: none"> * The initial record for a resident in a facility should be one of the following: <ul style="list-style-type: none"> * Admission record (AA8a = 01) * Discharge prior to completing the initial assessment (AA8a = 08) * Medicare 5 day not combined with the admission assessment (AA8a = 00 and AA8b = 1). * A reentry record should not follow an admission assessment record. Reentry records should only follow discharge records. <p>Tip:</p> <ul style="list-style-type: none"> * When more than one record for the same resident is submitted in the same test file, this sequence edit will only compare those records in the file with records previously submitted to the database. The ones in the file will not be sequenced with each other. Therefore, sequence warnings may appear on the final validation report for a production file but the same file as a test file may not have resulted in the sequence warnings. <p>*Sequencing edits are not done on records with a SUB_REQ=2. *For records where the SUB_REQ=3, the previous record for sequencing edits must have a SUB_REQ=3 or 0 (zero). Sequencing edits will not be done between any two records where the SUB_REQ is not the same as 0 (zero).</p> <p>Action:</p> <ul style="list-style-type: none"> * There are a limited number of exceptions to the sequence guidelines. If you are certain this record is correct due to an exception, no action is needed. * If this message occurred because a record was completed and not submitted, submit the missing record now. * If after reviewing activity reports, roster reports and/or QI reports you believe a new resident may have been created in error, contact your State MDS Coordinator. * Review activity reports, roster reports and/or QI reports to assure that all records are submitted timely.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-72	Inconsistent submission sequence: Records appear to have been submitted out of order. The dates in the submitted record do not sequentially follow the dates of the previous record.	<p>Cause:</p> <ul style="list-style-type: none"> * The date of the record submitted precedes the date of the most current record in the State system. This indicates that records were not submitted in the order they were completed. * The dates used for determining the submission order are: <ul style="list-style-type: none"> * R2b (MDS Completion date) * R4 (Discharge date) * A4a (Reentry date) <p>Tip:</p> <ul style="list-style-type: none"> * Records cannot be backdated. When a record is missed and completed late, it must not be backdated to the date it was actually due. <p>Action:</p> <ul style="list-style-type: none"> * Check final validation reports, roster reports and activity reports to assure that all records are submitted timely.
-81	Resident information updated: Submitted data in the above field is not the same as the data previously submitted for this resident. Verify that the new information is correct.	<p>Cause:</p> <ul style="list-style-type: none"> * If resident information in this record is similar enough to resident information on the State database based on a set of resident matching criteria, a match occurs and certain fields on the resident table in the State database will be updated. * Patient's first name was spelled differently, the birth date was entered incorrectly, or the facility may be submitting information that was unknown previously (such as the Medicare or Medicaid number). <p>Definition:</p> <ul style="list-style-type: none"> * Resident matching criteria: Resident identifying information is checked against the resident table on the CMS MDS system at the State. If a match is found, the fields identified in the tip below are checked for matches and are updated if they do not match. <p>Tip:</p> <ul style="list-style-type: none"> * Fields that may be updated are resident last name, first name, middle initial, birth date, death date, social security number (SSN), Medicare number, Medicaid number and gender. * Refer to the LTC Facility User Guide for the Resident Matching Criteria table. <p>Action:</p> <ul style="list-style-type: none"> * Verify the data displayed as old and new. * If the new data is correct, no action is required. * If the new data is not correct, correct using the MDS Correction policy.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-82	Resident provider updated: This resident was previously cared for by the 'prior' provider identified above.	<p>Cause:</p> <ul style="list-style-type: none"> * Occurs when the resident is in the database under one facility and now is in a different facility. The current facility ID will be updated in the State database. <p>Definition:</p> <ul style="list-style-type: none"> * The current facility ID is the unique State assigned Facility ID (Facid) . <p>Tip:</p> <ul style="list-style-type: none"> * "Old" is the previous MDS or HHA facility, the 'prior' provider. * "New" is the current facility this assessment was submitted for, the current provider. <p>Action:</p> <ul style="list-style-type: none"> * No action needed.
-216	R2b date late: The submitted assessment completion date (R2b) was more than 14 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	<p>Cause:</p> <ul style="list-style-type: none"> * The admission assessment was completed late. * For an admission assessment (AA8a = 01), R2b (date RN coordinator signed assessment as complete) should be no more than 14 days later than AB1 (date of entry) or A4a (reentry table), whichever one is later. <p>Tip:</p> <ul style="list-style-type: none"> * This message will only occur on admission assessments where AA8a = 01. <p>Action:</p> <ul style="list-style-type: none"> * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that they are completed within 14 days of admission or of readmission if the admission assessment was not completed before the discharge that preceded the readmission.
-217	VB2 date late: The submitted RAP assessment process completion date (VB2) was more than 14 days later than the date of entry (AB1), or reentry date (A4a) whichever is later.	<p>Cause:</p> <ul style="list-style-type: none"> * The admission assessment was completed late. * For an admission assessment (AA8a = 01), VB2 (RAP assessment signature date) should be no more than 14 days later than AB1 (date of entry) or A4a (reentry date), whichever one is later. <p>Tip:</p> <ul style="list-style-type: none"> * This message will only occur on admission assessments where AA8a = 01. <p>Action:</p> <ul style="list-style-type: none"> * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that they are completed within 14 days of admission or readmission if the admission assessment was not completed before the discharge that preceded the readmission.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-226	R2b date late: The submitted assessment completion date (R2b) was more than 14 days later than the assessment reference date (A3a).	<p>Cause:</p> <ul style="list-style-type: none"> * The date the RN coordinator signed the assessment as complete (R2b) exceeds the allowable time limit after the assessment reference date (A3a). <p>R2b (date the RN coordinator signed the assessment as complete) should be no more than 14 days after A3a date (last day of MDS observation period).</p> <p>Action:</p> <ul style="list-style-type: none"> * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that they are completed within 14 days of the assessment reference date (A3a).
-230	VB2 date late: The submitted RAP assessment process completion date (VB2) was more than 14 days later than the assessment reference date (A3a).	<p>Cause:</p> <ul style="list-style-type: none"> * The RAP assessment process completion date (VB2) exceeds the allowable time limit after the assessment reference date (A3a). * VB2 (RAP assessment signature date) should be no more than 14 days after A3a date (last day of MDS observation period). <p>Action:</p> <ul style="list-style-type: none"> * No action is required for this assessment. * To avoid this message in the future, schedule assessments so that the RAP assessment process is completed no later than 14 days after the assessment reference date (A3a).
-234	VB4 date late: The submitted care plan decision completion date (VB4) was more than 7 days later than the RAP assessment process completion date (VB2).	<p>Cause:</p> <ul style="list-style-type: none"> * The care plan decision date (VB4) exceeds the allowable time limit after the RAP assessment process was completed. * VB4 (RAP care plan signature date) should be no more than 7 days after VB2 date (RAP assessment signature date). <p>Action:</p> <ul style="list-style-type: none"> * No action is required for this assessment. * To avoid this message in the future, schedule admission assessments so that the care plan decisions are completed no more than 7 days after the RAP assessment process is completed.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-300	Unable to calculate RUG: The A3a date submitted is not within the date parameters in the RUG options table. Verify the A3a date is accurate, otherwise contact your State Coordinator.	<p>Cause:</p> <ul style="list-style-type: none"> * The A3a (assessment reference date) submitted did not fall within the date parameters on the CMS MDS system at the State for the RUG option submitted for this record. <p>Definition:</p> <ul style="list-style-type: none"> * RUG options table is used by Medicare and Medicaid and defines how the RUG is to be calculated. This includes begin use and end use dates, urban and rural set codes, the model, classification type, logic version and the RUG's program that is used to make the calculation. The Medicare options table is predefined by CMS and cannot be changed. The Medicaid options table must be defined by the State. <p>Tip:</p> <ul style="list-style-type: none"> * The last day of the MDS observation period, item A3a (assessment reference date) is compared to the Beginning and End dates on the Data Management Software RUG options table on the Configurable Items window. * If the submitted date in items A3a does not occur within this date range, this error is generated. <p>Action:</p> <ul style="list-style-type: none"> * Facility staff should verify that the A3a date is accurate. If it is correct, contact the State Coordinator to verify the entry in RUG's option table on the CMS MDS system at the State. * Correct using the MDS Correction policy.
-301	Invalid RUGs program name: The State database RUGs program name is incorrectly configured. Contact your State Coordinator.	<p>Cause:</p> <ul style="list-style-type: none"> * There is a problem at the CMS MDS system at the State. * The program specified by the State Administrator in the Data Management Software on the Configurable Items window is invalid or does not exist. <p>Action:</p> <ul style="list-style-type: none"> * The facility staff should contact the State MDS Coordinator to verify their entries in the RUG's option table. * Correct using the MDS Correction policy.
-303	No RUG value calculated: A RUG value was not calculated due to required fields containing invalid data.	<p>Cause:</p> <ul style="list-style-type: none"> * Invalid data values were submitted in a required RUG's field. The default RUG's value of BC1 was returned. <p>Action:</p> <ul style="list-style-type: none"> * Refer to the LTC RAI User's Manual for item-by-item instructions for the MDS. * Refer to the current data specifications to determine valid values. * Correct using the MDS Correction policy.

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-306	Incorrect RUG logic version: Logic version submitted in above field does not match the logic version assigned by the State MDS system. The last 2 digits of this field indicate the RUG logic version.	<p>Cause:</p> <ul style="list-style-type: none"> * The logic version submitted in fields T3MDCR or T3State on this assessment does not match the logic version that was calculated by the State database. <p>Definition:</p> <ul style="list-style-type: none"> * Logic version: Over time, the way (the Logic) in which the RUG is calculated has changed. With each change, the new calculation method is kept track of by using a version number. * The last 2 digits of these fields indicate the RUG's logic version: 08 = 5.12 version, 34 group model 07 = 5.12 version, 44 group model 06 = 5.11 version, 34 group model 05 = 5.11 version, 44 group model <p>Action:</p> <ul style="list-style-type: none"> * Refer to the current data specifications to determine valid values. * Correct using the MDS Correction policy.
-307	Incorrect RUG value: The RUG value submitted does not match the RUG value calculated by the State MDS system.	<p>Cause:</p> <ul style="list-style-type: none"> * The RUG value submitted in fields T3MDCR (Medicare Case Mix Group) or T3State (State Case Mix Group) on this assessment does not match the RUG that was calculated by the State system. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance. * Correct using the MDS Correction policy.
-311	Rural RUG calculated: Facility does not have a current entry on MSA code table on State MDS system. State MDS system used the rural code to calculate the RUG for this record. Contact your State Coordinator.	<p>Cause:</p> <ul style="list-style-type: none"> * A current entry was not found on the facility_MSA code table for this facility. <p>Tip:</p> <ul style="list-style-type: none"> * The facility_MSA code table is populated by an ORACLE job that runs every 24 hours. * The submitted assessment has defaulted the RUG's value to the rural code. <p>Action:</p> <ul style="list-style-type: none"> * Facility must contact their State Coordinator. * State must contact the QTSO Help_Desk for help determining if: <ol style="list-style-type: none"> a) county_st code is incorrect b) ORACLE job has not run yet c) ORACLE job is broken

Table 1-5. Warning Messages (cont'd)

MESSAGE NUMBER	MESSAGE	MESSAGE DESCRIPTION
-314	Field left justified: The submitted data in the above field was not left justified. If record was accepted, the above field was left justified. Verify left justification with your software vendor.	<p>Cause:</p> <ul style="list-style-type: none"> * Current data specifications require that the identified field be left justified. The data submitted in this record was not left justified. The CMS MDS system at the State stored this data in a left justified format. <p>Action:</p> <ul style="list-style-type: none"> * Contact your software vendor for assistance to have the format for this item corrected for future submissions.
-331	New resident: A new person has been created in the database of the CMS MDS system at the State with the information submitted in this modification request.	<p>Cause:</p> <ul style="list-style-type: none"> * The modification request submitted contained enough changes in resident identification fields that this assessment was assigned to a new resident, different than the original assessment. Fields used to match residents include facility, AA5a (Social Security number), AA1a (resident first name), AA1c (resident last name), AA3 (birth date), AA2 (gender). <p>Tip:</p> <ul style="list-style-type: none"> * Message -332 will always occur when message -331 occurs. <p>Action:</p> <ul style="list-style-type: none"> * Check the data to be certain there were no errors. If there are none, no action is required. If there are errors, correct using the MDS Correction policy.
-332	New assessment: A new assessment has been created in the database of the CMS MDS system at the State with the information submitted in this modification request.	<p>Cause:</p> <ul style="list-style-type: none"> * The modification request submitted contained enough changes in key fields that this assessment was considered a new assessment rather than a modified assessment. Modification of the following fields will cause this message to occur: A3a (assessment reference date), A4a (date of reentry), or R4 (discharge date). <p>Action:</p> <ul style="list-style-type: none"> * Check the data to be certain there were no errors. If there are none, no action is required. If there are errors, correct using the MDS Correction policy.

Table 1-5. Warning Messages (cont'd)